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General debate on national experience in population matters: assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development

Statement submitted by Endeavour Forum, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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Statement

The Executive Summary of the publication *Born Too Soon: The Global Action Report on Preterm Birth* was released at the 2013 World Health Assembly by the World Health Organization (WHO) in Geneva. This report was authored by 45 international experts from 26 organizations and 11 countries, with assistance from over 40 supporting organizations including Women Deliver, Canada; the United Nations Population Fund (UNFPA); the United Nations Children's Fund (UNICEF); and the United States Agency for International Development (USAID). In the report we learn that globally, 15 million babies are born too soon, every year. That means that more than 1 child in 10 is born prematurely every year, affecting families all around the world. Over 1 million of these children die from complications of preterm birth.

It is staggering how, in our world of advanced medical technology, these huge numbers exist, and that the already enormous number of children born too early is increasing at an alarming rate. Preterm birth may result in a lifetime of disabilities for many of these children, including blindness, deafness, respiratory complications and brain damage, as well as cerebral palsy. The report urges an accelerated effort to prevent and intervene to lower preterm birth rates.

Yet it is disheartening that the report totally disregards a mountain of studies on a huge and significant risk factor resulting in preterm births. It is outrageous that not one word is mentioned in the report regarding the research published in peer-reviewed medical journals linking abortion to preterm births. There are not two or three, but 140 credible studies from 34 different countries connecting abortion to premature births in subsequent pregnancies. Studies reveal that one abortion increases the risk by over 36 per cent and two or more abortions increase the risk of preterm birth by 93 per cent. This is settled science.

The Programme of Action of the International Conference on Population and Development calls for improvements in infant and maternal health. It also urges Governments to help women avoid induced abortion and to aid women who have had abortions. However, the international community has neglected to address the inherent risks of legal abortion to women's mental and reproductive health. This failure may hinder the achievement of maternal health objectives. Induced abortion, whether legal or illegal, poses both short- and long-term risks to the physical and mental health of women and their future pregnancies. It can also seriously affect women's emotional and spiritual well-being. These risks are compounded when abortion is legalized, available on demand as a means of birth control or promoted in countries with poor maternal health care.

The risks of abortion

Surgical abortion is an intrusive procedure that violently interrupts a natural biological process. Not one study states that this is beneficial for women's reproductive health. On the contrary, documented complications include haemorrhage, infection, cervical damage, uterine perforation, pelvic inflammatory disease, retained foetal or placental tissue and death. Some of these complications can affect future fertility. Chemical- or medication- (i.e., drug-) induced abortion using mifepristone together with a prostaglandin, usually misoprostol, poses its own risks to the health of pregnant women. Complications resulting from the use of this

chemical include haemorrhage, infection, rupture of undiagnosed ectopic pregnancy and incomplete abortion (often requiring surgical follow-up) and have sometimes led to death.

A large 2009 study published in *Obstetrics & Gynecology* determined that chemical abortions led to significant adverse events in 20 per cent of cases — almost four times the rate of immediate complications of surgical abortions. A 2011 study of mifepristone in Australia compared the complications of first-trimester chemical abortion and first-trimester surgical abortion. Women who underwent drug-induced abortions were 14 times more likely to be subsequently admitted to a hospital and 28 times more likely to require follow-up surgery. The risk increased when chemical abortions were performed in the second trimester: 33 per cent of cases required surgical intervention.

Long-term risks

Abortion can hinder future reproductive progress. Legal abortion substantially increases the risk of subsequent preterm birth, which seriously threatens the lives and health of newborn infants. In 2009, a meta-analysis of 22 different studies found a 36 per cent increased risk of preterm birth after one abortion. The risk of premature delivery in future pregnancies increases with each additional abortion. Physiological and epidemiological evidence also reveal that abortion can leave a woman with more cancer-vulnerable breast tissue. Dozens of studies indicate that abortion increases a woman's risk of breast cancer. A 1996 meta-analysis found a 30 per cent increase in breast cancer risk among post-abortion women.

In addition to the risks to a woman's physical health, abortion can have negative psychosocial consequences. A 2011 meta-analysis published in the *British Journal of Psychiatry* found an 81 per cent increased risk of mental health problems among women who had undergone abortions; nearly 10 per cent of the incidence of psychological problems was directly attributable to abortion. These problems included anxiety, depression, alcohol abuse, drug abuse and suicidal behaviour. A large-scale study in Finland found that the suicide rate following abortion was nearly six times greater than the suicide rate following childbirth. Conversely, although abortion is sometimes justified on the basis of mental health, a 2013 study in the *Australian and New Zealand Journal of Psychiatry* concluded that the termination of unintended pregnancies had no therapeutic psychological benefit.

Abortion in the developing world

There is a big push by some non-governmental organizations (NGOs) and United Nations agencies to legalize abortion on demand in developing States. However, the inherent dangers of abortion are compounded when basic maternal health care is unavailable or inadequate. The legalization or promotion of elective abortion is thus far more dangerous to women in the developing world. For example, the frequent complications of non-surgical abortion require a medical infrastructure (including ultrasound equipment, blood transfusions and surgical capability) that is often lacking in the developing world. And the use of misoprostol alone only increases the risk of incomplete abortion. The use of these methods

threatens the lives and health of women and their children, and must not be facilitated.

Many in the international community argue that legalized abortion is necessary to reduce maternal deaths in the developing world. But evidence from many different countries shows that the incidence of maternal mortality is really due to inadequate emergency and obstetrical care, no access to transportation for pregnant mothers to access maternal care and poor health conditions. Pregnant women in developing nations need clean water, nutrition, basic infrastructure and access to real maternal health care, not abortions. The promotion or legalization of abortion does not solve the problem of poor maternal health care in the developing world; it only worsens it for women, children and families. It will increase the number of abortions, which only puts the lives of more women and children in jeopardy.

Conclusion

The Programme of Action of the International Conference on Population and Development states that Governments should act to improve the health of mothers and children. However, this effort will remain limited if the consequences of abortion to women's health are ignored.

Most women are pressured to have abortions by boyfriends, parents and others. Most women are told it is not a baby, but a clump of tissue. Induced abortion, whether legal or illegal, is the greatest crime against humanity in our generation. It is not a woman's rights issue, but a human rights issue. We must protect the youngest, weakest members of the human race, no matter how small or where they temporarily reside.

Therefore, we urge the Commission on Population and Development to support our efforts to bring awareness and education to the forefront on how damaging abortion really is to pregnant women and children. We call on you to investigate these truths. Abortion is not a safe procedure, and it is not a black and white issue. It is blood red. It contravenes the Universal Declaration of Human Rights and the Convention on the Rights of the Child.